

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICATION

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		1				
2							52		1				
3							53	1					
4							54	1					
5							55	1					
6							56	1					
7							57	1					
8							58	1					
9							59	1					
10							60	1					
11							61	1					
12							62	1					
13							63	1					
14							64	1					
15							65	1					
16							66						
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37							87						
38							88						
39							89						
40							90						
41							91						
42	1						92						
43	1						93						
44	1						94						
45	1						95						
46	1						96						
47	1						97						
48	1						98						
49	1						99						
50	1						100						
TOTAL IND.			↓		↓		TOTAL IND.	3	↓		↓		↓
TOTAL DEP.			←		←		TOTAL DEP.	21	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	24					